09898880

## PART B - FEE(S) TRANSMITTAL

nd send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

or <u>Fax</u>					Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885			
INSTRUCTIONS: This for appropriate. All further coundicated unless corrected maintenance for notification	rm should be used for train respondence including the below or directed otherwise its.	esmitting the ISS Patent, advance of in Block 1, by (	UE FEE and PU orders and notific (a) specifying a r	JBLICATION I ation of maintenance correspond	FEE (if requirement for the second response representation requirement for the second response representation repr	ired). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENC	Note: A certificate of mailing can only be used for domestic mailings of the			for domestic mailings of the				
27752 75		papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
THE PROCTER INTELLECTUAL WINTON HILL TO 6110 CENTER HILL COLUMN AND ADDRESS AN			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUS FEE address above, or being facsimale transmitted to the USPTO (571) 273-2885, on the date indicated below.					
CINCINNATI, OH	<u> </u>			ra A. Carver	(Dépositor's name)			
				<u> </u>	Barara a Con		(Signature)	
				L		1-22-05	(Dese)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/898,880	07/03/2001		Thomas James Klofta			8622	2203	
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATIO	N FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		0 <del></del>	\$300		\$1700	02/06/2006	
EXAMINER		ART UT	ART UNIT		LASS			
GEORGE, KONATA M 169			6 604-360000					
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  Fig. Fae Address* indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI		low, no assigned of this form is NO (E	data will appear T a substitute for	on the patent. filing an assign (CITY and STA	TE OR COU		JYEN1 00000046 162480	
	ossignee category or categor		inted on the pater	at): 🗖 Indiv	idual 🖾 Con	"" 02 FC:1504  (poration of other private gr	300.00 DA	
ta. The following fee(s) are	b. Payment of Fee(s):							
Issue Fee	A check in the amount of the fee(s) is emplosed.							
Dublication Fee (No st  Advance Order - # of	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2480 (enclose an extra copy of this form).							
Change in Fatity Status	(from status indicated above	· · · · · · · · · · · · · · · · · · ·	Deposit Accoun	t Number 16-	-2480	(enclose an extra c	opy of this form).	
a. Applicant claims SM	MALL ENTITY status, See	7 CFR 1.27.	☐ b. Applicant	is no longer cla	iming SMAL	LENTITY status. Sec 37 C	FR 1.27(g)(2).	
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco	s requested to apply the Issu ablication Fee (if required) we rds of the United States Pare	e Fee and Publica ill not be accepted at and Trademark	tion Fee (if any) of I from anyone oti Office.	or to re-apply a ner than the app	ny previously licant; a regis	paid issue fee to the application attorney or agent; or the	ntion identified above. the assignee of other party in	
Authorized Signature	Eric T. Addin	大人		1	Datc <u>No</u>	ovember 22, 20	05	
Typed or printed name			_	ю. <u>52,403</u>	-			
This collection of information application. Confidentialing the completed applications form and/or suggestions 30x 1450, Alexandria, Virginal 22313-14 exandria, Virginal 22313-14	n is required by 37 CFR 1.31 by is governed by 35 U.S.C. plication form to the USPIV for reducing this burden, sh pits 22313-1450. DO NOT S 1450.	1. The information 122 and 37 CFR 3. Time will vary ould be sent to the EFND FEES OR C	n is required to o  1.14. This collect depending upon chief informati COMPLETED FO	btain or retain a ion is estimated the individual on Officer, U.S. DRMS TO THIS	benefit by the to take 12 m ase. Any con Patent and T ADDRESS.	e public which is to file (an imites to complete, includir aments on the amount of the rademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process)  ggathering, preparing, and  me you require to complete surment of Commerce, P.O.  for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

513 634 3007



### Procter & Gamble - I.P. Division

#### IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

# FACSIMILE TRANSMITTAL SHEET AND CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

# TO: United States Patent and Trademark Office - Issue / Publication Fee

Fax No. 703-746-4000

Phone No. 703-305-8283

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on November 22, 2005 to the above-identified facsimile number.

Signature (Signature

FROM: Barbara A. Carver (Typed or printed name of person signing Certificate)

Fax No. 513-634-3007

Phone No. 513-634-5044

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

1) Part B - Fee Transmittal (Original + Copy)

(2 pages)

2) Fee Address Indication Form

3)

4)

5)

Number of Pages Including this Page: 4

Inventor(s): Klofta, et al.

S.N,:

09/898,880

Filed:

July 3, 2001

Case:

8622

Comments:

<sup>\*\*</sup>Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.